Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **SAMIR LUITEL LAXMI PRASAD LUITEL**	**Service Date**	:**04-Feb-2025**
Card No	: **I040-029-118669825-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **SAMIR LUITEL LAXMI PRASAD LUITEL**	**Doctor's Name**	:**SANDIA**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance:**	
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2025** To **01-01-2026**		
Gender	: **Male**		
Date Of Birth	: **27-Feb-2000**		
Patient's Tel No	: **971528161096**		

Network : Green

Direct Access SP - YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : pc: severe sore throat and ithiness since 1 week cough sore throat bothers sleep in the night. cant not drink water even because of pain in throat no fever oe: throat is hyperemic clear chest **Duration:**

Vitals: Temp : 36 Bp :135 Pulse :76 Resp :18

Clinical Findings:

Diagnosis: J02.9 - Acute pharyngitis, unspecified,R05 - Cough,J00 - Acute nasopharyngitis [common cold], **Date of Onset :**04/05/2025

Requested Investigations: 85025, BLOOD COUNT COMPLETE AUTO&AUTO DIFRNTL WBC COUNT,86140, C REACTIVE PROTEIN,9, Consultation GP **Estimated Cost** :

Prescriptions: 5314-274301-0392 - (LEVOFLOXACIN (AS HEMIHYDRATE : 500 MG FILM COATED TABLETS,0005-114501-2481 - (AMBROXOL : 15 MG/5ML SYRUP (SUGAR FREE,0195-123701-0391 - (CETIRIZINE HCL : 10 MG FILM COATED TABLETS, **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

Dr's Name : SANDIA

Stamp :

Dr. Sandia Bhojwani
General Practitioner
DHA No: 65900212-001
PESHAWAR MEDICAL CENTER LLC
DUBAI - U.A.E.

Patient 's signature{Parent if minor} :

Date : 04-Feb-2025

Signature :

Date : 04-Feb-2025